

THE  
AMERICAN PRACTITIONER:

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

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A MONTHLY JOURNAL OF

## MEDICINE AND SURGERY.


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# THE AMERICAN PRACTITIONER

FEBRUARY, 1871.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

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## Original Communications.

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### EMMENAGOGUES.

BY THEOPHILUS PARVIN, M. D.

Emmenagogues are those agents which *cause* or *facilitate* the menstrual flow. It will be observed that this definition includes other means than medicines merely, and that it indicates the disorders in which these agents are required.

So far as practical therapeutics are concerned, it is not necessary to classify emmenagogues as *direct* and *indirect*, or even debate the existence of the former; for it must be admitted by any one who gives a moment's thought to the complexity of the menstrual function that we have no agents capable of immediately and directly determining it, as we have agents that cause emesis or others that produce catharsis; and after all, in the presence of disease, the practitioner's first desire and duty are to *cure*: this end soonest

and best accomplished, the majority will give themselves little anxiety as to whether the means were direct or indirect in their action.

For the intelligent application of emmenagogues it will be necessary to refer to those diseases in which they are indicated; and to appreciate those diseases let us observe the chief elements of that function which in its disorder appeals for relief.

The essential phenomena of menstruation can be thus epitomized: under the influence of an ovule reaching maturity menstrual erection occurs; the internal genital apparatus is engorged with blood, the engorgement being greatest in the lining membrane of the uterine cavity; coincident with or just prior to the rupture of the swollen Graafian vesicle containing the mature ovule—a rupture due not altogether to a distension no longer to be resisted by thinned walls, still less to any “suction” exerted by the fringed extremity of the embracing oviduct, but to actual muscular contraction of ovarian meshed and interlacing fibers, just as the skin of a cherry\* is broken and the pulp expressed by the pressure of the fingers—the congestion reaches its height, and the swollen capillaries of the uterine mucous surface are ruptured and blood flows out. This hemorrhage, which is the cure of the congestion, is the consequence of ovulation and therefore its sign, and thus too is the indication of the possibility of maternity: the first in the series is the ripening of an ovule, the last is the external flow of blood. It was the error of a past physiology to make the latter everything, while we now know it is but the final act of a most important physiological drama. The therapist who to-day, neglecting the light which modern research affords, imagines when he has got blood from the uterus by medical or surgical means he has set in operation the machinery concerned in one of the most wonderful of organic processes—a process which is

\* Raciborski.



at the very outset of creative life—has won a blind if not a barren triumph.

The two disorders in which emmenagogues may be indicated are amenorrhœa and dysmenorrhœa; in the former to *cause*, in the other to *facilitate* the menstrual flow. It is hardly necessary to say that in amenorrhœa from *retention*, and that in some cases of *mechanical* dysmenorrhœa, there is no occasion for these agents.

Conditions of the general system furnish the explanation and suggest the treatment of many cases where the periodical flow is absent, of many where it is difficult, painful. For example: the chlorotic woman from the condition of her blood has general *asthenia*; from the same cause a local *asthenia*, an atony of her sexual organs, the ovaries included, so that in them the process of organic production is suspended; no ovules ripen, or else they are so imperfectly developed nature is not willing to risk maternity or able to bear hemorrhage; and the uterus does not respond to the stimulus, or else responds by a slight congestion which is readily dissipated through increased activity of the uterine glands; and the patient has a periodical leucorrhœa instead of the normal hemorrhage.

In another case of chlorosis we find difficult, painful menstruation, because the nervous system feels the injurious influence of a blood no longer fit for stimulus and nutriment. The uterine disorder is a signal of distress from the economy; it is a cry for better blood.

Now in patients such as these our emmenagogue treatment will embrace all those means, whether medical, hygienic, or dietetic, which will enrich the blood and invigorate the constitution. Remove the condition upon which the disorder depends, and in nine cases out of ten the disorder ceases.

In many cases of anæmic amenorrhœa it may be advisable, while improving the general health, to give medicines which will produce pelvic congestion. A most useful combination

in these circumstances is the following:\* one grain each of dried sulphate of iron, aloes, and white turpentine, made into a pill, and administered twice or thrice daily.

It is hardly necessary to remark, unless to prevent young practitioners from needless discouragement, that the beneficial results from treatment of menstrual disorders consequent upon blood impoverishment must not be expected to occur except gradually, and after a length of time.

Plethoric females may suffer from amenorrhœa, either because in them those congestions in and hemorrhages from other organs or parts of the body may occur, constituting *menstrual deviation*, or because—and this is the more frequent explanation—"the exaggeration of the menstrual orgasm prevents menstrual exhalation."† Here the first, sometimes the only, indication is to remove the plethora. In cases, however, where menstrual deviation has occurred, additional indications are to determine or to solicit the blood to the uterus; moderate, if excessive, the vicarious discharge, which finally is to be arrested when the uterine function is restored.

Plethoric amenorrhœa may require general depletion; it generally does salines, restricted diet, out-door exercise, and possibly the administration of alkalies. In this form the muriate of ammonia is probably one of the best of emmenagogues. Dysmenorrhœa is a more frequent result of plethora. The treatment in the intermenstrual periods is not dissimilar. At menstruation local depletion may be advisable; but the remedy is, as in congestive dysmenorrhœa, acetate of ammonia or bicarbonate of soda. The alkaline treatment, according to Siredey, should be commenced two or three days prior to menstruation.

Amenorrhœa frequently occurs in the convalescence from acute disorders; so too in chronic diseases, such as pulmonary

\* This was a favorite prescription of Dr. Isaac Hays when one of the surgeons of Wills's Hospital, Philadelphia. Frequent opportunities of witnessing its beneficial effects have occurred to me.

† Bernutz.

tuberculosis and cancer; but in neither is there any indication for the administration of emmenagogues. In the former the complete restoration to health will be heralded or soon followed by the return of menstruation; while in the latter the failure of ovulation, and therefore the absence of its consequent hemorrhage, results from the general enfeeblement and loss of vital power. Ovarian death is too often the harbinger of systemic. One remark in reference to patients laboring under advanced phthisis. While generally menstruation is completely arrested in them, in some few cases it continues even until the disease is in its last stage. Much oftener these patients suffer with a more or less constant leucorrhœa; and the few authors who refer distinctly to this particular disorder condemn all direct therapeutic means. Courty, for example, says that it would be as improper to endeavor to arrest it as to operate on an anal fistula in such a patient. Now the pathology of some, possibly many, of these cases of tuberculous leucorrhœa I believe is analogous to that of hemorrhoids in tuberculous male subjects, who are warned of a discharge from them by disordered digestion, loss of appetite, uneasiness, pain in the right or left hypochondrium, a feeling of stricture or tightness around the upper part of the abdomen, etc. In each case it is a passive congestion, relieved in the one case by glandular secretions, in the other by hemorrhage, a blood stasis from portal obstruction. Acting upon the suggestion and practice given by the late Dr. H. G. Wright, in his admirable work,\* as to the value of muriate of ammonia in assisting or stimulating the action of the portal system, I think these patients can be benefited as to their leucorrhœa by this agent in combination with the muriated tincture of iron.

There are some forms of dysmenorrhœa which are consequent upon diathesis; and the means which we use to facilitate—*i. e.*, render easier, less difficult—the menstrual

\* Uterine Disorders: London, 1867.

discharge, must in part at least consist of those which are addressed to the peculiar condition of the economy which causes the disorder.

Etymologically the word diathesis is the equivalent of disposition, and implies a deep-seated, sometimes indeed *innate*, condition of the organism which produces certain diseases; and this condition is by no means to be regarded as signifying the same as a constitutional malady, of which the manifestations are various. But without delaying upon definitions and distinctions, we may briefly say, so long as a common morbid cause acting on different individuals produces on these different morbid effects, we find the only satisfactory explanation in that word—difficult of absolute definition, yet distinctly apprehended in its manifestations—diathesis. There are two diatheses especially which play an important part in uterine pathology, and the existence of which may furnish an explanation of some cases of dysmenorrhœa and suggest the therapeutics: these are the *rheumatic* and the *catarrhal*. The former has been so much and so often discussed that it is hardly necessary to dwell upon it now; and we will merely say that in the difficult menstruation dependent upon this cause, the iodide and the bromide of potassium and the preparations of colchicum are the best general remedies. Of the catarrhal diathesis, and of the uterine disorders consequent upon it, few physicians do not meet with examples. A case of this kind will now and then present itself—uterine catarrh alternating with catarrh of other mucous surfaces. The patient is always worse in damp and cold weather. Under the repeated attacks of hyperæmia of the uterine mucous surface which precedes the increased secretion, structural change results, especially thickening, possibly a granular condition of the mucous membrane. Then comes dysmenorrhœa, mechanical indeed, either from the temporary swelling or from actual increase of tissue at the internal os; then possibly menor-

rhagia. Now no matter what local treatment such diseases of menstruation may require, the fountain of all these woes is to be found in the diathesis; and among all the remedies used to counteract this there probably is none so important as climate. The patient should, if possible, spend her winters where the atmosphere is dry and warm.

In addition to that form of nervous dysmenorrhœa dependent upon chlorosis, and also that which may be a local neurosis, menstruation is sometimes found to be difficult in those who are of a nervous constitution. It probably is in this particular form that the remedy so highly commended by Prof. M. B. Wright, of Cincinnati,\* a gentleman whose ability, age, and experience entitle his opinion to great weight, will be found most useful. That remedy is quinine given in large doses "immediately preceding the menstrual period, just as you would prescribe in anticipation of an attack of ague." It is but justice to Dr. Wright, who gives a much greater extension to nervous dysmenorrhœa than any other authority, so far as we know, to present his views in his own words:

"Observation and experience, running through many years, in private and hospital practice have confirmed me in the belief that a large proportion of cases of dysmenorrhœa are neuralgic in character: at all events they yield more readily to that class of remedies usually given to arrest neuralgia than to any other treatment. No practitioner would hesitate to administer quinine alone, or in combination with morphine or camphor, for the cure of periodical pain over the eyebrows. The remedy is fully as efficacious in the treatment of periodical pain of a nervous character in the uterus." (Western Journal of Medicine, January, 1868.)

A future paper will be devoted to the consideration of those means acting more directly upon the uterus and ovaries.

INDIANAPOLIS, IND., JANUARY.

\* Raciborski speaks of Duparcque having given quinine in dysmenorrhœa; but upon referring to the cases—one of them was published in June, 1828—from which this practice was advised, they will be found to be examples of distinctly intermittent uterine neuralgia. So that I believe the honor of first suggesting quinine in free doses in dysmenorrhœa belongs to Prof. Wright.

## A CASE OF HYDROCELE.

BY G. W. H. KEMPER, M. D.

In February, 1870, I saw, in consultation with Dr. S. E. Mitchell, a farmer, aged forty-three years, who gave the following history of his case: When about fourteen years old he fell astride a pole and hurt one of his testicles, causing some swelling and pain, which gradually disappeared. Nine years ago he noticed that a fluid was collecting around the left testicle, which has continued slowly to increase. He says the greater portion of the tumor extended upward over the pubis until about two weeks ago, when he accidentally received a blow upon the genitals, causing it to descend lower in the scrotum, and also to change its shape. When seen his condition was as follows: the tumor was red and painful from the recent injury, since which the penis, save the prepuce, has been lost to view. (The figure of scrotal hernia in Gross's Surgery is a fac-simile of the appearance of the scrotum, which measured seventeen inches in circumference and five inches in length.) The right testicle occupied its normal position; the left was pushed to the lower and back part of the scrotum. The tumor felt doughy; the skin was thickened and partially ecchymosed. There was slight fever; his appetite was good. Bowels regular, except that he had had no movement during the previous two days; no intestinal pain or nausea. At his visit yesterday Dr. M. thrust a trocar into the bottom of the scrotum, and directed it upward one and a half inches: a few drops of blood only escaped.

The case presented several difficulties in the way of a correct diagnosis. Symptoms were present common to scrotal hernia and hydrocele. The patient, it is true, was positive that a fluid began to collect around the testicle; but we well

know the errors of subjective symptoms. I chose not to use an exploring needle, but wait until the local inflammation was subdued. Cold water was applied to the parts, and a cathartic of jalap and cream of tartar administered. I saw him again three weeks afterward, when the inflammatory action had subsided, and the general appearance of the tumor greatly changed. It now has a heart-shape, apex downward; is smoother and more regular in outline, and feels like a thick membrane distended by fluid; the greatest circumference reduced to twelve and a half inches; length same as before; the penis still buried beneath the surface. The exploring needle revealed a dirty, brown-looking fluid. I now introduced a trocar, and drew off, by measurement, one quart of fluid. The skin was so thickened that the instrument pierced it with difficulty. I again introduced the trocar, and pushed it now through the posterior wall of the scrotum, and passed through the canula a silk seton, which was allowed to remain until it had excited the necessary inflammation. The scrotum continued enlarged and thickened for some weeks; a small amount of fluid oozed from the puncture for a time; this in turn was followed by a few drops of pus. Shortly after the aperture closed. There have been no indications of reaccumulation. At this date the scrotum and penis have regained their natural form.

MUNCIE, IND., DECEMBER.

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## GONORRHEA TREATED WITHOUT INJECTIONS.

BY A. GIVEN, M. D.

For the past twelve years I have been in the habit of treating gonorrhea in all its stages by medicines administered internally alone. In all that time, and in the management of



a considerable number of cases, I have in no instance resorted to injections. I am aware that this is contrary to the practice of nine tenths of the profession; yet I venture the statement that my success in the treatment of this affection has been quite equal to that of those practitioners who conjoin local medication to that by the mouth. The majority of cases treated by the method I am now about to give recovered in from two to eight days, without any of the unpleasant symptoms which so often occur when injections are used.

Unless there is some special contraindication, I begin the treatment by clearing out the bowels. For this purpose I prefer a full dose of sulphate of magnesia. When the patient is thoroughly purged I direct the following: Balsam copaib., sweet spts. nitre, paregoric, āā one oz.; Norwood's tr. of veratrum, one dr.—M. A tea-spoonful every four or five hours until the acute symptoms abate, when a dose every eight hours for a few days, is nearly always sufficient to effect a cure. Locally the patient applies cloths wet with cold alum-water constantly to the penis until pain and heat subside. I have found the foregoing treatment well adapted to both the acute and chronic stage, but most useful in the earlier periods of the affection. If there be contraindications to the use of copaiba in the inflammatory periods of gonorrhea, the veratrum viride seems to me to obviate them, while I believe it promotes the action of the balsam. It is a direct local sedative to the parts. In my hands it has seemed to control morbid conditions of the mucous membrane of the urethra and bladder as efficiently as it does that of the air-passages in acute bronchitis and pneumonia.

The following cases, selected from among many, will serve to illustrate the effect of this treatment.

*Case I.* J. L., age twenty-two, applied with a gonorrhea of eight days' standing. The penis was hot, swollen, tender, and painful. The discharge was profuse and purulent. Mic-turition was painful. After being well purged the patient

took tea-spoonful-doses of the mixture four times a day. Within three days the *ardor urinæ* had subsided, and the discharge was much lessened. Forty-eight hours after the cure was complete.

*Case II.* T., age thirty, contracted gonorrhea in March. He was subjected to many different modes of treatment, but without benefit. The discharge continued copious. In July he was ordered to take the mixture four times a day. In four days he was reported well. There has been no return of the disease.

Where, from any cause, orchitis has set in, I have been in the habit, where I have seen the cases early, of directing cold alum-water to be constantly applied over the testicles, and the veratrum mixture to be given in full doses. I have seen the best results follow this practice. Where the disease has existed for a longer time, and the testicle is much enlarged and very painful, I give the mixture; but use instead of the alum-water the following: belladonna leaves, aconite leaves, muriate of ammonia, āā one oz; hot water, a pint; mix. This to be constantly applied by means of cloths to the parts. I have often seen this treatment act almost like magic.

LOUISVILLE, DECEMBER.

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## ON SUBNITRATE OF BISMUTH IN CHOLERA INFANTUM.

BY C. K. ALEXANDER, M. D.

Having noticed in the November number of the American Practitioner an article by Dr. Walling on the use of subnitrate of bismuth in the treatment of cholera infantum, I take pleasure in adding my testimony to the powers of this remedy in the bowel affections of children. I have not used the remedy

in that stage of the disease in which Dr. Walling found it so beneficial. In the acute form of the affection, characterized by frequent vomiting and purging, I usually had but little trouble in controlling it in from six to twenty-four hours with this:

R.	Plumbi. acet., . . . .	gr. x;	
	Morph. acet., . . . .	gr. ss;	
	Aquæ destil., . . . .	$\bar{3}$ j;	
	Syr. simpl., . . . .	$\bar{3}$ ss.	M.

Of this I gave to children from one to two years old a teaspoonful after each act of vomiting; or the following, which, though less generally efficient than the foregoing, I found to act promptly in some cases:

R.	Tr. opii, . . . .	gtt. xv;	
	Potass. bicarb., . . . .	gr. xxiv;	
	Syr. simpl., . . . .	$\bar{3}$ ss;	
	Aquæ menth. pip., . . .	$\bar{3}$ j.	M.

Dose as the other. I sometimes gave, at intervals of four hours, and repeated it a few times, half a grain of calomel, a grain of aromatic powder, and two grains of bicarbonate of soda; but I am not sure that I saw any good from it.

In cases tending to collapse I used brandy, chloroform, quinine, coffee, and milk, with external warmth, sinapisms, etc. Where there was no disposition to collapse, the mother's milk was the only food allowed. Where the child was weaned, milk, to which lime-water was added, was given.

A certain proportion of these patients convalesced at once after the violence of the attack was subdued, and recovery was complete in a few days; while in a larger number the disease showed a marked tendency to become chronic. Add to these cases those that were not seen until after they became chronic, constituting more than half of all that I saw, and we have the class in which the subnitrate of bismuth seemed to possess such decided efficiency. In my hands it has contributed more in such cases to restore the normal

condition of the mucous membrane of the alimentary tract than any other medicine that I have employed. Since I commenced its use I have relied on it mainly. In private practice and in the Western Dispensary I have seen and treated during the past season between thirty-five and forty cases, a majority of which, as before stated, were not seen until they had become chronic. In some the accession of the disease had been marked by acute vomiting and purging, while in others the condition had been developed gradually. Several had marked degree of emaciation and debility that seemed to render them hopeless.

Exclusive of the cases in which complete recovery followed the acute stage in from three to six days, I used the bismuth in every instance. It seemed to act beneficially alike in those that had been marked at the outset by severe vomiting and purging, in those that had been developed more gradually, in those in which the trouble seemed to be kept up by indigestion alone, and in those where inflammation of the mucous membrane existed. I gave the medicine usually as follows:

R.	Bismuth subnit., . . .	3j;	
	Syr. zinzib., . . .	3iij;	
	Tr. cinnam., . . .	3j;	
	Tr. opii, . . .	gtt. xvij;	
	Syr. acaciæ, . . .	3j.	M.

Of this mixture I ordered a tea-spoonful four times daily to children from one to two years old. This was continued until all disposition to vomiting had disappeared, and the fecal dejections had diminished in frequency and become more consistent, which very generally obtained in from three days to a week, sometimes sooner. After this the medicine was given at longer intervals for a few days, and then discontinued. In some cases I added pepsin to the prescription with apparent benefit. Quinine was exhibited in those cases where a malarial element seemed to be present.

Alimentation entered as an important element into the treatment of the chronic cases, especially where emaciation and debility were marked. I did not confine these little sufferers to a milk diet; on the contrary, they were encouraged to take animal essences and soups, soft-boiled eggs, egg-nog, and even solid meats, ripe fruits, and vegetables were not inhibited when the patient showed a decided desire for them. Alcoholic stimulants were employed in proportion to the tendency to exhaustion.

The length of time that any of these patients were under treatment was not noted. With several of them the symptoms returned, and more than once I had to resume the use of the bismuth after it had been suspended. All recovered; some in ten days to two weeks, others requiring a longer time; and with a few, owing to frequent relapses consequent on the want of proper care, complete restoration to health was delayed for two or three months.

LOUISVILLE, DECEMBER.

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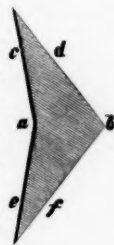
## ON THE TREATMENT OF GRANULAR LIDS.

BY H. RUSCHHAUPT, M. D.

The term "granular lids" is an unfortunate one in that it tends to mislead the inexperienced practitioner, causing him to regard the so-called granulations of the conjunctiva as identical with the granulations observed in healthy wounds. This misconception of the true nature of the disease has, perhaps more than any other one cause, led to that indiscriminate use of caustics which may justly be said to have injured more eyes than granular lids themselves.

In the inflammatory stage of trachoma, or during an exacerbation, caustics in every shape are to be absolutely avoided. Cold applications, gentle purgatives, and sometimes blood-letting are indicated. Counter-irritation made adjacent to the seat of the disease, as on the forehead, is often useful. This may be done with a few drops of croton-oil, and repeated every four or five days, according to circumstances. Of course none of the oil should be allowed to reach the lids. These simple measures, added to a general antiphlogistic regimen, and protection of the eye against excessive light, dust, etc., are usually sufficient. They not unfrequently, however, fail altogether, or accomplish their work very slowly.

By a careful observation of a great number of cases I am convinced that these unsatisfactory results are often due to simple shallowness of the palpebral fold; *i. e.*, the reflected portion of the conjunctiva. In such cases the eyeball is subjected to an over-amount of pressure from the swollen palpebral conjunctiva and the infiltrated tarsus. Added to this we have the reflex spasm of the lid, which is always present in inflammations of the conjunctiva. In this condition the best if not the only means of relief lies in a canthoplastic operation. The manner in which this is performed is as follows: the lids being kept well apart by means of a spring speculum, the external commissure is divided with a knife or scissors to the extent of three or four lines. The wound presents the form seen in the accompanying diagram. The conjunctiva at *a* is now united by a delicate suture to the integument at *b*. In the same way *c* is united to *d*, and *e* to *f*. In most cases it is sufficient to unite *a* to *b*. When a canthoplasty is performed for adhesion of the edges of the lids, the external commissure is of course divided horizontally, while the incision must always be oblique when the operation is performed to relax the orbicularis. It must be



made downward or upward according as we intend to weaken the action of the orbicularis upon the lower or upper lid.

The effect of this operation can easily be explained. By uniting the conjunctiva to the integument we make the separation of the internal fibers of the orbicularis a fixed one, and permanently lessen the effect of the contractions of this part of the sphincter oculi upon the lid. In this way canthoplasty effects more than a mere temporary relief from the symptoms of pressure. It is at the same time a prophylactic measure of the greatest value. The principal danger of trachoma, as is generally known, consists in the formation of cicatricial tissue in the conjunctiva, and, in conjunction with this, degeneration and deformity of the tarsus, which leads to distichiasis, trichiasis, and entropium. Now it is very evident that the bending of the tarsus, with all its consequences, is in a very conspicuous manner favored by the increased action of the orbicularis, to produce which in such cases there are sufficient causes always present. Hence it is of the greatest importance to weaken the power of the sphincter by an early canthoplasty, by which we may in many cases prevent some of the worst consequences of trachoma.

It is known to every practitioner that those cases of trachoma in which the cornea shows at an early period great vascularity and inflammatory infiltration are usually attended by more or less danger. In just such cases I have oftener seen a decided change for the better immediately after the operation referred to. If the reflected portion of the conjunctiva is sufficiently capacious, the operation is not needed except in cases in which the palpebral fissure is considerably shortened.

By the foregoing it would appear that the prognosis and treatment of trachoma chiefly depend upon the size of the palpebral fold. If this be shallow, dangerous pressure upon the eyeball may occur at any stage of the disease, while at a later period the formation of cicatricial tissue in the conjunctiva often



interferes with the nutrition of the cornea, and gives a faulty direction to the edge of the lid.

In order to avoid the formation of cicatrices, cauterizations must be made here with great caution. Where, on the contrary, the palpebral fold is sufficiently capacious, the pressure on the eye to which I have alluded is less to be apprehended, and if cicatricial tissue does form it is less hurtful. In this latter class of cases caustics may be used more freely.

I have already said that all treatment addressed especially to the mucous membrane must be avoided during the inflammatory stage of the disease. But as soon as the engorgement of the subconjunctival vessels and the consecutive symptoms have been completely subdued, local treatment is at once called for. In mild cases, particularly in healthy subjects, the general and local antiphlogistic means we have indicated are not unfrequently sufficient to disperse the granulations; when, with an astringent collyrium or salve to correct the relaxed state of the mucous membrane, the cure is complete. This fortunate termination, however, is comparatively rare, and the granulations are in most cases only subdued by caustics. For this purpose we employ the mitigated nitrate of silver in stick, or a crystal of sulphate of copper. As long as the surface of the conjunctiva presents an uneven, granular appearance, I use the former, applying it lightly to the diseased parts, which are then quickly washed by means of a camel's-hair brush and water. If this operation be done with proper celerity and caution the lids of both eyes may be cauterized at one sitting. Should the least inflammatory reaction set in after cauterization, resort should at once be had to antiphlogistics. The cauterizations must on no account be repeated until all symptoms of reaction have completely disappeared. On the other hand, their repetition should not be deferred until the swelling, etc., have reattained their former degree. Some patients will bear cauterizations daily, while others will do better when they are used only every second or third day. The slough

which is made by the caustic should be altogether superficial, never extending below the epithelium, and invariably allowed to detach itself before the cauterization is repeated. As soon as the granulations are sensibly lessened in size, the sulphate of copper should be substituted for the nitrate of silver. This is passed lightly over the diseased parts, which are afterward carefully washed with cold water as long as the lachrymal fluid shows a bluish color.

It should be remembered that indiscriminate cauterization is exceedingly dangerous to the eye, because of its tendency to produce cicatrices in the conjunctiva. Caustics therefore should not be used to destroy the granulations, but simply with the view of stimulating disintegration and reproduction of the tissue, which finally effects the absorption of the trachomatous neo-formations. In this way the granulations may be removed without injuring the conjunctiva.

No further illustration is needed to establish that it is objectionable to cut away the granulations with scissors or the knife. This is justifiable only where a few isolated granulations grow from a small base, and are elongated and pedunculated. Such granulations may be removed with a pair of fine scissors without danger of subsequent mischief, since their presence is proof of the fact that the palpebral fold is capacious, and that no abnormal pressure upon the eye has occurred.

If cicatricial tissue has been already formed to any great extent in the conjunctiva, caustics must be discontinued entirely. For the inflammatory swelling I have found Guthrie's eye-salve in the following mild form the best application:

R. Argenti nitratis, . . . gr. ½-j.  
S. i.  
Aquæ dest., . . . . . q. s.  
Adip., . . . . . ʒj.  
Liq. plumbi subacetatis, . gtt. iv-viii.  
M. Fiat ung. D. S. Eye-salve.

In using this ointment we must be careful not to produce that discoloration of the conjunctiva which is known as argyrosis. Therefore I seldom employ it longer than three or four weeks, and then substitute other astringent remedies, among which I frequently use an ointment of acetate of lead and unguentum glycerini.

Preparations of lead should never be employed when ulcers of the cornea are present, for the reason that incrustations of lead upon the substance of the cornea readily occur, and give rise to incurable opacities.

The cornea so often presents herpetic efflorescences and ulcerative processes in trachoma that we have to consider them in nearly all cases not as mere casual complications, but as consequences of the impaired nutrition of the cornea, as induced by trachoma and its sequelæ. Indeed a careful examination nearly always reveals either an abnormal pressure upon the eye or a more or less advanced shrinkage of the conjunctiva. As long as the symptoms of irritation predominate to any extent, no direct treatment of the trachoma is admissible. For the violent nervous symptoms which are often present instillations of sulphate of atropia, warm applications, hypodermic injections of morphia, etc., may be employed advantageously.

In cases of trachomatous pannus an antiphlogistic and antinervous treatment is to be adopted as long as any irritation exists. When no cicatricial tissue has been formed in the conjunctiva, the local treatment of the conjunctival granulations is that best adapted to the pannus. In such cases I prefer the cauterization of the granulations by means of a strong solution of nitrate of silver to the use of the mitigated stick. Caustics are not adapted to pannus when occurring in cases of advanced shrinkage of the conjunctiva. Scarifications of the conjunctiva around the cornea, as well as the excision of the anterior zone of the ocular conjunctiva, are also objectionable procedures on account of the atrophic

state of the conjunctiva which is present under such circumstances. I have obtained the best results in such conditions from a salve of the yellow oxide of mercury (from a half to four grains to the drachm of lard). If the pannus proves rebellious, inoculation of the conjunctiva with blennorrheal matter may be tried.

In the extreme degrees of conjunctival atrophy the nutrition of the cornea, which is no longer moistened by the secretion of the conjunctiva, is impaired in an irreparable way (xerophthalmus). The best means in such cases to lessen the complaints of the patient is to drop lukewarm milk frequently into the eye.

If the shrinkage of the conjunctiva is complicated with degeneration of the tarsus, the unavoidable consequences are distichiasis, trichiasis, and entropium. That the bending of the tarsus is favored in marked degree by the spasmodic action of the orbicularis has been already stated. Under such circumstances the cilia permanently irritate the cornea, and lead to a hyperæmic condition of this membrane, or even to pannus; and at the same time the pressure which is exercised by the tarsus upon the cornea impairs the nutrition of this structure, and develops in it both hyperæmia and ulceration.

Ophthalmic surgeons formerly thought the principal danger in these cases was in the faulty position of the cilia, and to remedy this either excised or destroyed by means of caustics a portion of the integument, or removed the hair follicles, or transplanted the outer lip of the lid with the hair follicles beneath. There are objections to all these methods. The first often requires so much of the integument to be removed as subsequently to interfere with the accurate closure of the lids. The second method not only disfigures the eye, but also deprives it of one of its natural means of protection, and by the cicatrix which follows often produces very serious annoyance. The last method is also unsatisfactory in most cases, not only because

of the difficulty of transplanting all the hair follicles, but by reason of the strip of integument which contains them being often partially or even totally destroyed by suppuration or sloughing. But the principal defect common to all these methods is that they in no respect influence that spasmodic action which the orbicularis exercises upon the bending of the tarsus, and the faulty position of the free margin of the lid. Pagenstecher's operation accomplishes this purpose, and yields therefore better results than either of the foregoing.

This method consists first in performing a canthoplasty, and then ligating a horizontal fold of integument along with the fibers of the orbicularis beneath. This procedure gives the cilia the proper direction, while at the same time the orbicularis is relaxed, not only by the canthoplasty, but also by the contraction in the cicatrices which are produced in its internal layer by the sutures. In order to get the full benefit of this cicatricial contraction, it is of the first importance to carry the sutures well behind the fibers of the muscle. If the whole border of the lid require to be corrected, three sutures will be needed. If only partial trichiasis or distichiasis exist, one or two sutures will be sufficient. These are left in the wound until thrown off spontaneously. Should erysipelatous inflammation of the lid arise, and it is not an infrequent accident, I need hardly remark that the sutures must be at once removed. The course of the sutures is marked by a distinct cicatricial tissue, which exercises no small traction upon the free border of the lid. But even this operation sometimes fails. Relapses will occur. The edge of the lid will again get wrong; partially because in many cases the formation of cicatricial tissue in the conjunctiva and tarsus continues, partially because the cicatrices in the lid become gradually stretched and weakened by the action of the orbicularis muscle.

But notwithstanding these drawbacks to Pagenstecher's operation, I am sure that I have obtained within the last few

years better and more satisfactory results from it than I saw accomplished by the first ophthalmic surgeons in Germany when employing other methods. When the operation fails altogether our only resource lies in removing the hair follicles. In cases where I have first performed Pagenstecher's operation, and by reason of its failure have been obliged subsequently to resort to the removal of the hair follicles, I have not found it necessary to make this complete; partial removal of them has been sufficient.

LOUISVILLE, JANUARY.

## Reviews.

**The American Journal of Obstetrics and Diseases of Women and Children.** Edited by Drs. NOEGGERATH, DAWSON, and JACOBI. Vols. I. and II.

We acknowledge our indebtedness to Dr. Dawson for these handsome volumes.

To start a quarterly in a new field, in this country, of medical literature was a bold step; to make it a most marked success, not only in the character of its contributions and the fame of many of its contributors, but in its circulation and reputation, is certainly a wonderful achievement to be accomplished in less than three years.

Dr. Dawson, who originated this enterprise, who has labored so indefatigably in its support, and who is now the sole proprietor of the Journal, deserves no moderate praise from the profession. Wordsworth was accustomed to say that he had to create the taste by which his writings were to be enjoyed. Whether the American Journal of Obstetrics created or found already in existence an appreciative taste on the part of the American profession, there can be no question as to its remarkable success; and this success is a just reward of merit. We are so impressed with the value of this publication to the general practitioner that we should be glad were every reader of the American Practitioner\* also a reader of it.

\* Dr. Dawson kindly offers to furnish his journal from May, 1870, to May, 1871, to subscribers for the American Practitioner for \$3; or from the commencement—that is, from May, 1868, to May, 1871—for \$8.50. The publishers of the American Practitioner will send it and the American Journal of Obstetrics for one year for \$5.50; the “year” of the latter commencing May, 1870.



A glance at the names of some of the contributors, and at the subjects of some of the contributions, will show how valuable much of the *material* is that has been contributed to professional knowledge through this channel: Prof. T. G. Thomas on "Placenta Prævia," "Chronic Inversion of the Uterus;" Dr. Jacobi on the "Pathology and Treatment of Croup," "Constipation in Infants;" Dr. H. R. Storer, "The Rectum in its relations to Uterine Disease;" Prof. Geo. T. Elliot, "Obstetric Clinical Memoranda," "Puerperal Convulsions;" Dr. Thos. A. Emmet, "Surgery of the Cervix," "Reduction of Inverted Uterus;" Dr. Kammerer, "Treatment of Uterine Catarrh;" Prof. W. A. Hammond, "Myelitis in Infants;" Dr. Eustace Smith, the "Acid Dyspepsia of Infants;" etc.

Now these authors, and more whom we might mention, and their articles would give character to any publication in the world. Every number of the Journal has a practical value which can only be appreciated by the physician who reads it. We heartily wish the American Journal of Obstetrics a still greater success.

And now, though foreign to our purpose when we commenced this notice, we have a word to say immediately suggested by a statement made by Prof. Elliot in his lecture on "Puerperal Convulsions," page 649, vol. ii; a word that we purposed saying in another department of the Practitioner did not the remark of Prof. E. furnish occasion for it here. Prof. Elliot's statement referred to is in these words: "And we know that at the present day we attribute much of the disturbance that occurs in albuminuria to the presence of urea in the blood." We understand Dr. E. to sustain in part at least the uræmic origin of puerperal convulsions. Emile Bailly, in the elaborate article on *Eclampsie*, found in the twelfth volume of the *Nouveau Dictionnaire de Médecine et de Chirurgie Pratiques*, after referring to Claude Bernard's experiments—viz., injecting a large quantity of a concentrated

solution of urea into the venous system of animals without producing any convulsive phenomena similar to the nervous accidents known as uræmic—states unequivocally that *to-day no one any longer believes that the poisoning of the blood by urea can be the cause of so-called uræmic convulsions*. Bailly next discusses the *ammonia* theory of these convulsions, and rejects it chiefly upon the following grounds, established by the investigations of Chalvet: 1. Urea does not accumulate in the blood of those having albuminuria, neither during the convulsions nor in the intervals; 2. Accumulation of urea in the blood is a very rare phenomenon, not observed often but in cholera patients during urinary suppression; 3. No positive analysis has ever demonstrated the decomposition in the blood of urea into carbonate of ammonia.

He next discusses Schottin's theory—that urea not being the sole product of destructive metamorphosis, the convulsions are due to certain *extractive matters* in the blood, etc.—and states that to-day it has a larger number of eminent and scientific adherents than the others.

Quite recently, as we see from the *Lancet*, December 10th, the ammonia theory, with which the name of Frierichs has been identified, has fresh proofs brought in its support by Spiegleberg in an article in the *Archives of Gynæcology*. Spiegleberg's facts are in brief these: The blood taken from a patient with puerperal convulsions was subjected to immediate and careful analysis. A considerable excess of ammonia was shown to be present, and also a great increase in urea. The urine was albuminous and very deficient in urea; so that while during the convalescence there was 3.8 per cent., during the fits there was only 1.1 to 1.5 per cent. Then a series of experiments was instituted upon dogs and rabbits—carbonate of ammonia injected either into the arteries or veins—and from these it appeared that conditions precisely analogous to the uræmic state were quickly established; the animals in all instances first exhibiting restlessness, then both

clonic and tonic convulsions, and finally falling into deep coma.

It thus seems that the most recent investigations sustain not the *uremic* nor the *urinæmic*,\* but the *ammoniemic* theory of eclampsia.

T. P.

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**The Practice of Medicine.** By THOMAS HAWKES TANNER, M. D., F. L. S., member of the Royal College of Physicians, Fellow of the Royal Society of Literature, etc. Fifth American from the sixth London edition, enlarged and thoroughly revised. Philadelphia: Lindsay & Blakiston. 1870.

In 1858 Lindsay & Blakiston brought before the American medical profession the first American from the third English edition of Tanner's "Manual of the Practice of Medicine." That was a small volume of 398 pages, including a very copious index. Seven years from that time the fifth English edition was "out of print," or rather the market for it was exhausted, and the demand for the work induced the author to enter upon the labor of making the sixth English edition as full and faithful a reflection of the stages of progress in the medical profession as his abilities, time, and opportunity would permit. The humble duodecimo of 398 pages, in 1858, has expanded, in 1870, into a royal octavo of 1,200 pages. The book addresses itself to medical practitioners, and the brief sketch we have given of the successive editions of the book may be accepted as evidence that it has value. Its claims are not of a preëminent character in any one department of "the science and practice of medicine." That it should successfully, at least, occupy the field where Aitkin's great work on the same subject and Reynolds's System of Medicine are procurable, is a riddle that we can not understand. There are many things omitted in Dr. Tanner's large tome that might

\* This is the designation of Schottin's theory.

have been introduced greatly to the profit of reading practitioners, and a great many things are intruded that might have been profitably omitted. He deserves credit for one thing of a meritorious and notable character. He shows a laudable desire to introduce to British practitioners the successful work of American laborers in advancing medical science. He does not exhibit thorough fullness on the subject; but he shows a fair recognition of that work and a laudable desire to make it known. This constitutes a valuable feature in Dr. Tanner's new edition of his Practice of Medicine.

Dr. Tanner is much more of a book-maker than practitioner. There is scarcely a chapter in this large volume that does not bear testimony to this fact. From this springs a large part of the dissatisfactory feeling with which a busy practitioner consults this book.

The most conspicuous features of Dr. Tanner's work strongly indicate that he has gathered his material from a species of scrap-book of medical reading rather than his own clinical observations. He shows a remarkable amount of uncertainty about almost every subject on which he expresses himself. He gathers opinions from every quarter, and seems to hold them *sub judice*, no matter how absurd or conflicting they may be with one another. This is so common that it shows that it is from either the want of time or inclination or ability to analyze their elements and render a just judgment upon their merits or demerits, as the case may be. If his written treatment of such diseases as typhus, typhoid, or yellow fever be compared with that of Dr. Lyons or of Prof. Austin Flint on the same subjects, the reader will speedily become cognizant of the disparaging difference between a writer whose acquaintance with his subject is only that derived from cramming and those who have learned what they teach at the bedside of the sick. Dr. Tanner has a fondness for a very complicated and extensive *omnium gatherum*

of the odds and ends of the technology of the pharmacopœia, and he constantly creates the impression that he is much more of a pharmacopœus than an enlightened practitioner of medicine. He seems to have caught this "infectious distemper" from Copeland's Medical Dictionary; and, as in some other forms of infection, the distemper rages in Dr. Tanner in a ratio corresponding to the virulence of its source. The design of both these writers in freighting their crafts with "cabined, cribbed, confined" formulæ seems to be the construction of bridges on the principle of a *pons asinorum*, for transporting dunces toward making prescriptions. The witty Bishop South, of Queen Anne's reign, may have seen something of this kind when he said "all transportation is a violence." The practice of medicine is based on philosophy, and can not be wrapped in the multitudinous swaddling-bands that Dr. Tanner devises for practitioners.

We can not afford space for a general review of this book, and must be content with glances at a few subjects. The important topic of inflammation gives a fair idea of the studies of Dr. Tanner on medical themes. In the first place, he utterly fails to grasp not only the character of the vital forces involved in every form of inflammatory process, but equally fails to understand the nature of the involvement of those forces. As in many other instances, he approaches toward a conception of truth, but boggles just in time to confuse himself and his readers. For instance, he says: "No useful or indeed correct definition of inflammation can be given at present. It may only be said that it is sometimes a destructive, sometimes a formative process; and that it consists essentially of an excessive proliferation of cells, accompanied by marked symptoms of local and constitutional disturbance." Can Dr. Tanner conceive of an inflammatory process that does not necessarily involve an "excessive proliferation" of disintegrating force as well as "an excessive proliferation of cells?" If there is "an excessive proliferation

of cells," must not every inflammatory process be a hypertrophy, unless there is an "excessive" disintegrating as the necessary companion of the "excessive proliferation of cells?"

We turn to another field of pathology cultivated to a considerable extent by Dr. Tanner. We allude to typhoid fever. In reference to the cause of that disease, Dr. Tanner takes up the ideas of Dr. Budd and of Dr. Murchison; and after meandering for some time he adopts the notion of the latter, a notion quite as "illusive" as that of Dr. William Budd, and equally void of foundation. Nor is there any accuracy in Dr. Tanner's statement that "this fever is most common during the autumn and early winter months." This is not sustained by medical writers in America or in Europe. Dr. Tanner seems to have very imperfect conceptions of typhoid fever, and understands scarcely anything of its treatment. As usual with him in treating other diseases, he loads a medical blunderbuss and fires at random. He gives brandy as a *stimulant* in typhoid fever, thus showing that he understands neither the character of the disease nor the operation of this remedy. One portion of his management of intestinal hemorrhage in this fever is not scientific, but is dangerous. Of that important element and meter of fever, tympanitis, he has very little conception. In fact his ideas of treatment, not only in typhoid fever, but in a number of other diseases, are in our judgment far from enlightened. Upon the essential elements in the management of fever Dr. Tanner is silent, but intrusive here, as in other diseases, with a proliferous *materia medica*, and is apparently ignorant of the powers of sunlight and of ventilation.

We can not afford any more space to this book. The medical mind of this country is awaking to the fact that the climates and the manners, customs, and modes of life of the American people require a medical science, and especially a medical practice, that must be cultivated at home, and that can not be imported from Europe. Even within the

narrow boundaries of England, English science has proved that geological strata have a great deal to do in modifying the types of disease, demanding corresponding modifications in practice.

There are merits in Dr. Tanner's work, but they are far from counterbalancing its demerits. As an original work, its claims are feeble; as a compendium or repository of the great thoughts of other men, it is inferior to Aitkin's very valuable *Science and Practice of Medicine*; and as a guide to American students or practitioners, it bears no favorable comparison with Austin Flint's *Practice of Medicine*.

T. S. B.

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**Physical Degeneracy.** By NATHAN ALLEN, M. D., of Lowell, Mass. (Reprinted from the *Journal of Psychological Medicine*.)

**Physiological Laws of Human Increase.** By the same. (From *Transactions of the American Medical Association*.)

In his pamphlet upon "Physical Degeneracy," Dr. Allen chiefly confines his remarks to the people of New England. Among the evidences adduced of this degeneracy are gradual loss of muscle and increase of the nervous temperament. The increasing emigration from the country to the cities, and an avoidance of hard manual labor either in the trades or on the farm, are among the causes of physical deterioration. Especially are loss of muscle and increase of nervous temperament manifested in women. An old-fashioned girl is known only in literature, while the diminutive size and slender form of New England women of to-day are poor representatives of their large and well-developed Puritan mothers. Schools for female education, where girls without adequate rest and recreation, and without suitable physical culture, are hurried to the attainment of precocious knowledge, bear their part as



a factor in the production of physical degeneracy. The style of dress is having a deleterious effect upon female health. Uterine diseases are becoming more prevalent. Fecundity is diminishing; and when maternity does occur, not one half of New England women, particularly in cities, can at the present day properly nurse their offspring.

Quoting from "a distinguished medical writer," Dr. Allen presents these as special causes of physical deterioration:

- "1. An inordinate passion for riches.
- "2. Overwork of body and mind in the pursuit of business.
- "3. Undue hurry and excitement in all the affairs of life.
- "4. Intemperance in eating, drinking, and smoking.
- "5. A general disregard of the true laws of life and health."

In referring to tobacco, Dr. Allen says:

"We venture the statement that the use of tobacco, chiefly in smoking, is exercising a most destructive influence upon the physical and mental energies of great multitudes of our people; and that by its continued increase, together with the law of hereditary descent, it is destined to result in an untold amount of physical degeneracy."

We know how liable men are to

"Compound for sins they are inclined to  
By damning those they have no mind to;"

and yet we must protest against this extravagant assertion, an assertion which might not be amiss in certain quarters, but is not suited to the grave thoughts of a medical philosopher. We have neither time nor space to enter into an argument upon the tobacco question; but when Dr. A. in this very paper refers to the English, Scotch, German, and Irish women in this country being generally able to nurse their own children, while more than half of New England babies must be given the bottle or a wet-nurse; that these robust women are themselves sometimes, and their partners generally, tobacco-users; and when we know that the men proved

by the statistics of the late war to have the greatest stature were from Tennessee and Kentucky, and were tobacco-users themselves probably in nine cases out of ten, and begotten in nine cases out of ten by tobacco-using fathers; we can not subscribe to our author's creed.

Dr. Allen's second paper is an endeavor to show that the law of human increase "*is based upon a perfect development of all the organs in the human body, so that there shall be a perfect harmony in the performance of all their respective functions.*"

"It presupposes other conditions are favorable, such as the age, union, and adaptation of the married parties—provided no laws of nature are violated or interfered with; that there will uniformly be found with such an organization, not only the greatest number of children, but they will be found endowed with the highest amount of physical vigor, strength, and health."

To our minds the simplest expression of this truth is people who have health\* will have more children than the unhealthy, and those children will be healthy; and for the life of us we can not see how this truth, which seems almost if not quite obvious, invalidates or indeed bears any relation to the Malthusian or Herbert Spencer's theory of the increase of population; the problem is investigated in each case from a different stand-point.

T. P.

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**Transactions of the Twentieth Anniversary Meeting of the Illinois State Medical Society.** Held in Dixon, May 17-18, 1870.

The first two reports in this volume are on *Practical Medicine*; one is by Dr. D. W. Young, of Aurora, and is devoted to the subject of *blood-letting in pneumonia*; the

\* Understanding the word as the Saxon *wholth*.

author strongly condemning the practice, sustaining the condemnation by no mean array of arguments, and urging the administration of *veratrum viride*, as he regards it "peculiarly adapted to the treatment of inflammation of the lungs." In the other paper, which is by Dr. Whitmire, of Metamora, several topics relating to medical practice are considered; but the only two which we think it worth while to present our readers are the use of chloral hydrate in cerebro-spinal meningitis, and its use in chorea. The results were satisfactory in both disorders, but the number of cases too small to establish a medical truth.

The *Report on Surgery* is by Dr. Moses Gunn. The able author first refers to excision of the hip-joint; speaks of it as an operation "which in certain cases will afford perfect relief from an exhausting suppuration; and, in conjunction with appropriate constitutional medication, diet, and regimen, will often restore the patient to even robust health."

*Nephrotomy and Renal Lithotomy* are next considered, and full directions are given as to the surgical proceeding. The author mentions an exploratory operation which he had recently performed in a case of suspected renal calculus, but no stone was found.

*Colles's Fracture and Luxation of the Ulna* are the next topics. The important points, as established by a paper from Prof. E. M. Moore published in the *Record*, from which paper Dr. G. quotes extensively, are that in Colles's fracture there is often a complicating dislocation; and that in the reduction of the dislocation—this reduced, the treatment of the fracture is comparatively simple—the general principle is to place the dislocated member as nearly as possible in the identical position which characterized it at the moment of escape from the joint.

*Drugs and Medicines* are reported on by Dr. Charles Hunt. In the course of it reference is made to Dr. Flint's paper, published in the *American Practitioner*, upon the bromide of

potassium in diabetes, and Dr. Armor's article on morbid states of the colon, found also in this journal. "Professor Daleusta," of Philadelphia, figures as an authority. The author of the best work on *medical diagnosis* in the English language would hardly know his own name under this guise.

Professor Holmes, of Chicago, contributes a paper on the *treatment of conjunctivitis neonatorum*. He refers to the two plans for treating this disease: one by weak solutions of the ordinary astringents injected or instilled under the lids at short intervals; in the other a strong caustic astringent is applied to the palpebral conjunctiva, the part especially affected, once, or, in unusually severe cases, twice daily; and states that for eight or ten years he has invariably resorted in severe cases to the second plan. The following are his directions:

"After the palpebral conjunctiva has been as extensively exposed as possible, and thoroughly cleansed from moisture by gently pressing upon the inflamed surface a soft piece of linen, quite a large camel's-hair brush, merely moistened with a solution of argent. nit. (twenty to thirty grains to the ounce), is lightly passed over the conjunctiva. Great precaution should be taken that the solution is applied to as much of the conjunctiva as possible, and in such a manner that it shall not flow over the cornea. The eyes should be gently cleansed almost every hour with tepid water. Ulceration or even sloughing of the cornea do not contraindicate the use of the applications above described."

Next we have quite an able *Report on Otology* by Dr. Sam'l J. Jones; but we can select nothing from it for our readers without consuming too much space.

Dr. Holmes again appears in a *Statistical Report of Diseases of the Ear*. Dr. Boyne follows with a paper advocating "the use of plaster of Paris in fractures, and then Professor Powell with a case of amputation at the hip-joint.

We say with regret, but at the same time in truth, this volume of Transactions does not fairly represent the ability

and the culture of the Illinois profession. Some of the papers appear like fragments, and prepared in haste; of the others one or two at least are suitable for the pages of a medical journal, but not for the transactions of a state society. T. P.

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**The Raising and Education of Abandoned Children in Europe,** with statistics and general remarks. By ABRAHAM JACOB, M. D., Member of the Medical Board of the Infants' Hospital, etc.

This is a report read before the Medical Board of the Infants' Hospital, Randall's Island.

The conclusions of the author are, that to lessen the mortality of infants thrown upon the public charity "requires farming out to private parties in the country;" and that "the more advanced age," when education becomes possible and necessary, "is more benefited by education in larger institutions." The paper is an elaborate one, abounding in valuable statistics and patient and careful reasoning. T. P.

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**Blood-letting as a Therapeutic Resource in Obstetric Medicine.** By FORDYCE BARKER, M. D., Professor of Midwifery and Diseases of Women in Bellevue Hospital Medical College, etc. Reprinted from the New York Medical Journal.

This is a paper read before the New York County Medical Society. Its reading elicited a most interesting discussion, which we find reported in the Medical Record, January 16th. The eminently practical character of the paper, as well as of some of the remarks which followed its reading, will justify us in presenting some of the prominent points of each.

Dr. Barker contrasts the practice of to-day with that of thirty years ago, when the majority of women were bled either in gestation, in labor, or during the puerperal period, and believes that the reaction against blood-letting has gone too far. He states that, with the enlargement of his clinical experience, he is getting to bleed more frequently. Dr. Barker considers the subject of blood-letting first in *gestation*. A woman with plethora may suffer from local congestions; and such an one may require the lancet. "In these cases the fetal circulation becomes oppressed in consequence of the troubles of the maternal circulation, and the appearance of the motions of the fetus are retarded, if they have not yet been perceived, or they become weaker, diminish in frequency, and may cease altogether. That this is the result of local congestion is demonstrated by the prompt reëappearance of the motions of the fetus when the mother has been subjected to a moderate loss of blood."

Dr. Barker then goes on to state that in *hydræmia* there may be a serous plethora, causing disturbances of circulation and local congestions, which may require moderate depletion, to be followed by nutritious diet, iron, and other tonics. The most frequent and important of these local congestions are uterine and renal—the former resulting possibly in abortion, the latter in convulsions.

To limit blood-letting to the sthenic is an error, according to Dr. Barker, for some of the most striking instances of its usefulness, in his observation, have occurred in patients who were extremely anæmic.

In *parturition* the two conditions, in either of which blood-letting is indicated, are where there is great fullness of the vascular system and convulsions threatened or occurring, and where they are threatened or result from "uræmia." In the former case the remedy proves "a powerful sedative of spinal action;" in the latter it removes tension from the brain, relieves pulmonary and renal congestion, lets the heart act

freely, and, most important of all, takes away "blood charged with the active narcotic poison, urea."

In *puerperal diseases* Professor Barker gives a very limited range to blood-letting. He says that "in certain very rare forms of puerperal mania it may be of the greatest service;" that he has not for many years resorted to venesection in the treatment of *post-partum* inflammations, though sometimes doubting whether he has not been wrong in neglecting it.

Most of the gentlemen who participated in the discussion of the paper indorsed blood-letting in certain conditions. Dr. Austin Flint, sr., predicted that before many years the profession would be again practicing it, though in a very different way from our predecessors. Its promptness of action was one of its great advantages. In uræmic coma, for example, where minutes were so precious, nothing could take its place. Dr. Flint then referred to the antiphlogistic action of bleeding, using the following language: "I believe that in the last two years I have seen two cases of pneumonia arrested by bleeding. They were cases in Bellevue Hospital. The diagnosis was based upon physical signs, and could not be questioned. Doubtless this method of antiphlogistic treatment was formerly over-estimated; but I think it has great value, and that we may employ it in acute inflammation if there are no contraindications."

Dr. Jacobi was equally positive that by this means inflammation could be prevented or cut short in the first stage, because it tends to remove one of the requisites for inflammation—that is, dilatation of the blood-vessels—local congestion. "Inflammation as such—that is, the new formation of cells, and of fibers out of the cells—will not be influenced by venesection; but the local hyperæmia will be so influenced simply because it relieves the blood-vessel pressure, and thus local inflammation may be benefited by blood-letting." Dr. Jacobi then spoke to the value of bleeding in pulmonary œdema; that a prompt resort to it has saved patients who but for this



would have been dead in fifteen minutes. This œdema, which is but a symptom, may occur in the exanthematous and other fevers, in acute pneumonia, etc. "We treat this symptom by venesection simply to relieve the blood-vessel pressure, prevent further serous effusion, and allow absorption of that which has already taken place." "We know that the patient is suffocating from the filling up of the air-vesicles and bronchial tubes, and that if anything will relieve this it is venesection." "In œdema of the brain, whether the result of local disease—as, for example, apoplexy with consecutive inflammation—or of an essential fever, we first draw blood, then look for the diagnosis."

It will be seen by the extracts given that the discussion embraced much more ground than the essay. We wish some of the participants therein—for, in addition to the two quoted, Drs. Peaslee, Taylor, Brown, Lente, and Hubbard were among the number—had considered the value of depletion in the inflammatory affections incident to the puerperal state.

T. P.

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**The Relations of the Medical Profession to Modern Education.** An Address delivered at the Commencement of the Medical Department of the University of Vermont by EDWARD S. DUNSTER, M. D., Professor of Obstetrics and Diseases of Women and Children. (Reprinted from the New York Medical Journal.)

In this thoughtful address Dr. Dunster first considers the tendency of modern education, and the influence that is shaping and directing that tendency; then the duties of the medical profession in reference thereto. The study of physical science and the philosophical education of the masses mark the educational movement of the day. Utilitarian studies are to be given the chief place hitherto occupied by classical learning. Our author thinks it "no prophecy to

assert that the day is not far distant when the standard of qualification must be raised and made to accord more closely with the important responsibilities of the office." He believes the corrective lies in demanding a high scientific education before admitting the student to the study of medicine proper; and lengthening the time of that study, and taking up the separate branches in their natural and progressive order. The present system of medical teaching is more senseless even than superficial; but we may confidently expect, in view of the progressive spirit of the age, that we shall yet establish a more reasonable and adequate curriculum of medical studies.

Dr. Dunster asserts that of the three professions—clerical, legal, and medical—the last alone has a training and a culture which are in harmony with the tendencies of modern thought and modern civilization, and therefore it is to assume a leading part in the coming education. The arguments which he adduces to sustain his assertion and to establish his conclusion are certainly able, if not to all minds convincing. For our own part we believe that there is a fourth *estate* which will have more to do with shaping the coming education than will preachers, lawyers, or doctors. That fourth estate, remarkable in our country for its growing importance and power, is teachers themselves, men and women who know no other calling, no other profession in life than that of teaching. As the demand for scientific instead of classical culture comes up from the people, schools, academies, and colleges will ultimately and fully respond. Doctors may assist in educating the people to this demand; right heartily they will second it; but the teachers after all are the chief power in giving the result metes and bounds, shape and form.

We have read Dr. Dunster's address with great pleasure. It is a most scholarly production, and will contribute to place our profession in the vanguard of one of the great movements of modern times. It is eminently suggestive.

In style it is admirable. We should be glad to know that it had been seen and read of all physicians in this country. It points out one of the ways whereby true progress in the education of the future medical student may be effected. It is an address which may be profitably pondered on.

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**A Treatise on Physiology and Hygiene:** For Educational Institutions and General Readers. Fully illustrated. By J. C. HUTCHISON, M. D., etc. New York: Clark & Maynard. 1870.

It will be seen by the title that this little work is not intended as a text-book for medical students, and it therefore hardly comes within our scope for review. Its author, however, is highly deserving of praise for the clearness and simplicity which characterize it throughout.

We have always believed in instructing children and the public generally with regard to the laws of life and health; and Dr. Hutchison shows by his book that he is master of the art of adapting the study of an intricate science to the minds of non-professional readers. We heartily commend it to "educational institutions and general readers." E. R. P.

## Clinic of the Month.

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PERFORATING ULCER OF THE BLADDER.—Mr. LAWSON Tait narrates (*Lancet*) two instances of *chronic perforating ulcer* of the bladder in the female, which were under the charge of Sir James Y. Simpson, and which were cured by making a urethro-vesico-vaginal fistula. Rokitansky refers to this form of disease under the name of limited perforating ulcer. In anatomical characters, as well as in semeiology, the ulcer closely resembles the perforating ulcer of the stomach, and like it may sometimes prove fatal from perforation occurring and causing peritonitis. The symptoms are intense pain about the neck of the bladder, greatly aggravated by micturition; a few minutes of comparative ease after the bladder is emptied, but the pain steadily increasing with its distension; the urine slightly alkaline, with a small quantity of pus, and in one case having a trace of albumen.

The operation is performed by introducing a grooved staff in the urethra, and slitting up the posterior fourth of the canal, and about an inch of the posterior wall of the bladder. There is no difficulty in getting the fistula to close after the ulcer is healed; the difficulty is to get it to remain open long enough. The object aimed at in this treatment is to put the bladder in a state of complete physiological rest.

[Making a vesico-vaginal fistula in cases of obstinate cystitis is a practice that we believe to have been original with our distinguished countryman, Dr. Thos. A. Emmet. Mr. Tait does not give the date of Professor Simpson's first operation, nor do we know that of Dr. Emmet's; so that the question of priority is uncertain.—EDS. AMER. PRAC.]

TREATMENT OF TYPHUS BY COLD BATHS.—A British physician visiting Dresden speaks (*ibid.*) most highly of the utility of the cold bath in the treatment of the "typhus abdominalis" of the Germans, our typhoid or enteric fever. The disease is quite prevalent among both the French and Prussian troops, the worst cases occurring among the French prisoners. The treatment in the hospital is thus carried out: upon admission, if a thermometer in the rectum shows a temperature of  $104^{\circ}$  F., the patient is put in a bath  $59^{\circ}$  F. for fifteen minutes. In case of much headache, cold water is poured over the head, or cold compresses applied. The thermometer in three quarters of an hour after the bath uniformly shows a reduction in the patient's temperature of two to three degrees. The cold bath is repeated during the first week from four to six times a day, or whenever the patient has a temperature of  $39.5^{\circ}$  C. The following are given as the most striking benefits from this treatment: 1. The delirium is either mild or easily subdued; 2. An earlier return of sleep; 3. Total absence of bed-sores; 4. A less prostrate condition of the system when the patient leaves the hospital. The mortality is but four per cent.

VINUM ALOES IN ULCERATION.—Mr. Henry Nathan, of Haslar, states (Medical Times and Gazette) this preparation is a most valuable remedy for ulcers which have once assumed the aspect known as "healthy," and also for weak ulcers. The preparation should be applied on lint covered with oil-silk, and each dressing should be permitted to remain on for twenty-four hours. Its primary effect is to increase the discharge, which may be gently sponged from the surrounding integument, taking care never to touch the surface of the ulcer, and during the healing process no other applications should be employed. Mr. Nathan states that he has made use of this method of treatment in some hundreds of cases with marked success.

**THERAPEUTIC VALUE OF CHLORIDE OF AMMONIUM.**—Dr. William Cholmeley states (*Transact. St. Andrews Med. Grad. Asso.*) that during the last fifteen years he has been in the habit of employing this medicine in cases in which he deemed it appropriate, and among them are: 1. Some forms of neuralgia of the fifth pair, especially those occurring in women beyond twenty years of age, whose strength has been overstrained by rapid child-bearing, prolonged suckling, anxiety, want, or overwork. In doses of fifteen to twenty grains, given three times a day, the pain, which is usually of a dull aching character and intermittent, is quickly relieved, and ferruginous tonics may then be prescribed. 2. In some cases of more genuine tic-doloureux, and in hemicrania, it is invaluable. 3. Nervous headache, such as occurs in some patients after any violent emotion or strain of the nervous system, is readily amenable to the same doses mingled with chloric ether. 4. It is serviceable also in cases of myalgia, such as affects those whose work requires long maintenance of one position. 5. In sciatica, given in the same doses every four or six hours. 6. In lumbago. 7. In the painful sequels of rheumatic fever, and states analogous to this affecting men who are overworked. 8. Dr. Cholmeley considers it finally to have a powerful emmenagogue influence in cases of amenorrhœa occurring in delicate and nervous girls and women, especially when this has occurred after exposure to cold and wet. In such cases it may be advantageously combined with the perchloride of iron. It is also beneficial in cases of dysmenorrhœa occurring in highly nervous or rheumatic patients, and in the various ailments that accompany the change of life in women.

**SKIN GRAFTING.**—In a recent paper on this subject, Dr. Page, President of the Royal Medical Society of Edinburgh, gives it as his opinion (*British Medical Journal*) that, beyond a somewhat greater rapidity of cicatrization, especially where contraction of surrounding textures is resisted either by the

situation or by the extent of the breach of the surface, this method of skin grafting is of limited application; and as its results lead to no regeneration of the true skin, but merely to the formation of a cicatrix in every respect identical with that formed spontaneously in the natural process of cure, it is an operation which can not rank with plastic operations proper, and which is not likely to occupy a permanent position in minor surgery.

BRONCHOCELE SUCCESSFULLY REMOVED.—William Warren Green, M. D., Professor of Surgery in the Medical School of Maine, reports (*American Journal of the Medical Sciences*) two cases of goitrous tumor removed by the knife. Four years ago Dr. G. performed the same operation, an account of which was published in the *New York Medical Record*. All the cases were successful. The operation was undertaken to save life.

MANAGEMENT OF THE PERINEUM IN LABOR.—Dr. Goodel, Clinical Lecturer on Diseases of Women and Children in the University of Pennsylvania, treats (*ibid.*) of this subject historically, with reference to authorities as to clinical experience, and on scientific grounds. Some of the highest authorities on the continent and in Great Britain condemn *supporting* the perineum. Professor Taylor, of Bellevue, states that as many lacerations occur in the practice of those who support the perineum as in that of those who do not. Both experience, negative and positive, and reason unite in denying this supposed duty of the accoucheur. It may be mischievous too by impairing the vitality of the perineum, the pressure of the hand preventing the free circulation of blood; or the expulsive pains may be increased by reflex irritation at the very time when it is desirable they should be curbed, lest too rapid delivery before adequate dilatation of the vulval orifice should occur. The vast majority of natural labors require no



assistance whatever, provided frequent *touching* has not taken place. Whenever it seems proper to aid nature, insert one or two fingers of the left hand into the rectum, the woman lying on her left side, with her knees well drawn up and separated by a pillow, and hook up and pull forward the sphincter ani toward the pubis. The thumb of the same hand is to be placed upon the fetal head, scrupulously avoiding all contact with the fourchette. The right hand assists the thumb in making the head hug the pubis, or in retarding its advance. After a pain it presses back the head from the perineum, and thus represses reflex uterine action; it restrains the movements of the woman; it pushes up the corrugated scalp, so that no folds shall remain beneath the sharp edge of the perineum to increase the circumference of the child's head; finally it supports the emerging head and body, causing them to describe the curve of Carus.

Where forceps are used in order to avoid rupture of the perineum, as soon as this part is well distended the instrument is removed—unless this removal requires a force which might accelerate delivery—and labor left to terminate unassisted, or the head enucleated as previously mentioned.

Incision of a rigid perineum is not necessary, except the rigidity be caused by extensive cicatrices from burns, sloughs, abscesses, etc. In case rupture occurs, introduce metallic sutures at once; use the catheter for a few days, and the rent readily closes. All greasy substances applied to the maternal passages with the purpose of promoting dilatation are mischievous.

CARBOLIC-ACID VAPOR IN THE TREATMENT OF BLOOD-POISONING.—John Wood, Esq., Professor of Surgery at King's College, London, communicates a paper to the Practitioner on the employment in blood-poisoning of a carbolized atmosphere to act both on the skin and lungs. He reports two cases of severe traumatic erysipelas and one of pyæmia treated

successfully in this way. He employs the powder known as *Macdougall's disinfecting powder*, which is placed in small muslin bags on the bed near and around the wound. In this way the carbolic vapor is evolved constantly under and retained by the bedclothes, and thus remains a sufficient time in contact with the surface of the patient's body for absorption to take place into the system, as in a vapor-bath or fumigation. In putrescent wounds and infectious cases he directs the powder to be freely spread under and around the bed, and the floors washed with a solution of carbolic acid. In addition he makes as a direct application to the sloughing parts carbolic oil of the strength of one part in six or eight.

CHLORAL HYDRATE IN MANIA.—W. J. Elstun, M. D., one of the physicians to the Indiana Hospital for the Insane, reports (*Indiana Journal of Medicine*) five cases of mania in which chloral was given, and from them and other observations makes the following conclusions: "1. Chloral is more reliable in all classes of cases of wakefulness than any other agent known. 2. When given for an indefinite length of time in extreme cases of acute mania, to the extent of producing quiet or sleep, it has no perceptible effect in allaying the mania; but when the medicine is suspended the mania is as violent as before. 3. In acute mania the effect of healthy sleep is not demonstrable after sleeping from this medicine, as the general symptoms of maniacal exhaustion apparently proceed with the same rapidity as when the mania is allowed to continue, even with prolonged loss of sleep. 4. In sub-acute mania, melancholia, and other mild forms of wakefulness, great benefit is undoubtedly derived, and may be confidently expected."

TREATMENT OF CONSTIPATION.—The following prescription is said by an experienced British physician (*British Medical Journal*) rarely to fail: powdered rhubarb, four ounces; aloes,

three ounces; myrrh, two ounces; Castile-soap, two ounces and a half; cajeput oil, one ounce. Five to ten grains taken before meals usually secures an ample stool the following day. In preparing the pill mass, the rhubarb and aloes should be well rubbed and mixed, and the soap, which should be genuine Castile, then added. Keep mass in well-stoppered bottles. For use, only a very small quantity of rectified spirit is required to make a splendid pill mass. The dose should always be taken before meals, and women sometimes require one or two doses of castor-oil antecedent to commencing its use.

LOCAL USE OF CARBOLIC ACID IN PULMONARY CONSUMPTION AND DIPHTHERIA.—Dr. Rothe writes (*Berliner klinische Wochenschrift*) that he has obtained highly beneficial effects from inhalations of carbolic acid in cases of pulmonary tuberculosis. The following is the formula in which he uses the carbolic acid: "Crystallized carbolic acid and spirits of wine,  $\text{ãã}$  1 to 2 parts; distilled water, 5 parts; tincture of iodine, 1 part. Mix. S. 10, 15, or 20 drops to 30 parts of water. To be inhaled." The iodine is added merely to lessen the unpleasant smell of the carbolic acid. Dr. R. uses the same formula, but not by inhalation, in diphtheria. He makes direct application of the solution to the diseased parts by means of a mop or hair-pencil. The patient uses at the same time ten to fifteen drops of the mixture to a tumbler of water. Dr. R. gives the following as a summary of his experience of the inhalation in pulmonary phthisis: "1. The earlier in the disease the less will be the extent of the ulcerated surface, and the more nearly will it approach in character to that of a local lesion, and the greater the prospect of a successful result. 2. The inhalations may be repeated from four to six times daily for months. They should never be employed to the exclusion of such remedies as may be called for by any of the occurring symptoms. 3. The presence of

fever and dyspnœa does not forbid the use of the inhalations; but when from sudden exposure to cold there ensues a catarrhal irritation of the entire extent of bronchial mucous membrane, it would seem that but little benefit is to be expected from the inhalations. 4. Hemoptysis will with the greatest promptness be arrested by the inhalation of the chloride of iron; still it is not improbable but that the inhalation of carbolic acid will act in such cases as a styptic: we know that creosote has been long employed as such in epistaxis. 5. The pertinacity with which the smell from the fumes of carbolic acid continues to pervade the atmosphere of closed apartments renders the breathing of such atmosphere beneficial in cases of diseased lungs. It is possible that in persons predisposed to pulmonary consumption, occupying an apartment filled with a similar atmosphere, the disease may be prevented. 6. The occurrence of bad symptoms is not to become the cause of despair."

CARBOLIC ACID IN PRURITUS CUTANEUS.—Professor Binz recently called attention (*ibid.*) to the value of the internal use of carbolic acid in prurigo and pruritus. He gives it in the form of pills, made up with extract of licorice, containing at first one and a half grains of the acid, but increasing the dose to fifteen grains per diem. In the latter quantities it sometimes produces gastric disturbances, but which quickly subside when the medicine is given up.

A CURE FOR HEMORRHOIDS.—Calomel applied (*Pacific Med. and Surg. Jour.*) dry once or twice a day to tumid and tender hemorrhoids rarely fails to *cure* them in a few days.

REMEDY FOR CHAFES.—Two parts of powdered soap-stone and one part of calomel, well rubbed together, are reported by the same writer to be the most elegant and effective dry application to the chafed skin of infants.

SYPHILIS OF THE NERVOUS SYSTEM.—E. L. Keyes, M. D., appears in the New York Medical Journal for November in an original and most excellent paper on this subject. The article is a clinical study, chiefly in regard to diagnosis and treatment, and is founded on thirty-four cases. From these Dr. Keyes thinks he is justifiable in making the following conclusions: "1. That nervous symptoms depending upon syphilis may arise within the first few weeks after an infecting chancre, or at any period later during the life of the individual. 2. That it is presumable, from the study of published autopsies, that the earlier a nervous symptom (paralytic or otherwise) occurs the less likely is there to be any material lesion which an autopsy can reveal; and that in a given case there exists no constancy of relation between the nature, the situation, and the severity of the lesion, and the nature, situation, and severity of the nervous symptom to which that lesion may give rise. 3. That cerebral congestion is probably the pathology of many of the earlier nervous syphilitic symptoms. 4. That syphilitic hemiplegia occurs, as a rule, without loss of consciousness, even when the attack is sudden; but that the paralysis usually comes on gradually, the patient being under forty years of age, and having had fixed constant headache for some time before the attack. 5. That mydriasis, existing alone or with other nervous symptoms, without positive disease of the eye, is presumptive evidence of syphilis. 6. That paralysis of single muscles, or sets of muscles, are frequently syphilitic. 7. That syphilitic paraplegia generally comes on gradually, often without any local symptom to call the patient's attention to the injured portion of the cord, and that it is rarely complete; that the bladder almost always suffers more or less, and calls for special local treatment; that paraplegia may be developed as a symptom of inherited syphilis. 8. That syphilitic epilepsy usually occurs after thirty, in patients who have not had epilepsy in early life; that headache is liable to precede the attacks; that the

convulsions occur often, many in quick succession, the intermission between the series of attacks being comparatively long, but that during this period headache or other nervous symptoms exist and become aggravated, contrary to what obtains in idiopathic epilepsy; that syphilitic epilepsy is liable to be associated with or followed by some form of paralysis. 9. That aphasia is often associated with the intellectual disturbances caused by syphilis. 10. That loss of memory is a common nervous symptom of syphilis, as are also all forms of mental disturbance—from mild hallucinations and illusions up to actual insanity—and all these without any necessary accompanying paralysis. 11. That inordinate emotional expressions are often associated with the mental weakness caused by syphilis. 12. That care must be taken to distinguish certain symptoms caused by gout from the same symptoms owing their origin to syphilis. 13. That the prognosis is better as a rule for nervous symptoms caused by syphilis than for the same symptoms, depending on a lesion equal in extent, caused by another malady of the nervous centers; but that after the arrest of the disease an indelible impression is often left upon the nerve-tissue, which manifests itself by impaired function, and which treatment can not overcome. 14. That the iodide of potassium pushed rapidly to toleration, unless the symptoms subside before that point is reached, is the main outline of treatment; that mercury used at the same time or alternated with the iodide of potassium is often of great value in protracted or inveterate cases; that tonics, change of air and surroundings, frequently influence the effect of treatment in a marked degree, and may become essentials to success."

THE RUBBER AIR-CUSHION IN COMPLICATED FRACTURES.—  
L. D. Mason, M. D., one of the surgeons to Long Island College Hospital, has contributed a paper to the New York Medical Journal on the use of this cushion in the treatment

of complicated fractures and other serious injuries of the lower extremities. The following are the conditions to which the author considers the air-cushion particularly adapted:

1. Complicated fractures of the lower extremities in which an effort to save the limb is warranted.
2. Cases in which the fracture is simple, but complicated with severe contusion, so that an ordinary splint would not be proper, at least for several days, and when a soft pillow is the usual resort.
3. Cases in which the limb is ~~not~~ fractured, but badly contused or inflamed, and in which irrigation might be desirable.
4. After amputation the air-cushion affords a good rest for the stump, especially if the patient has to be transported.
5. To all cases in which *uniform support* of the limb is a desideratum. Owing to the readiness with which air can be admitted into or allowed to escape from the cushion, it affords an easy method of making passive motion, and can be very accurately adjusted to the limb, and pressure can be easily regulated from time to time *without removing* the dressings. The rubber air-cushion which Dr. Mason here refers to may be found in this city at the rubber-goods house of Messrs. Janney & Perry.

THE LOCAL TREATMENT OF SYPHILITIC MOUTH, NOSE, AND THROAT AFFECTIONS.—Von Sigmund, who considers (Practitioner) the local treatment of the mouth and nose of the greatest importance in syphilis, recommends that these parts should be thoroughly cleaned morning and evening by injections and gargles. In slight troubles he uses as a gargle and injection a solution of alum and extract of ratanhia, in the proportion of about 1 to 100 of water, or of sulphate of zinc of half that strength. In cases of erosion of the membrane he applies concentrated solutions of nitrate of silver, or still better of perchloride of mercury, in the proportion of 18 parts to 400 of alcohol, painted over the affected part with a brush; the latter producing a less constringent effect upon



the skin. After the application, which should be made before going to bed, a little finely carded cotton-wool should be placed on the part. A piece of blotting paper saturated with the solution may also be applied. He recommends the sublimate also in diseases of the gums. Where the tongue is affected attention should be paid to projecting angles and rough edges of the teeth, which should either be removed or rendered smooth by covering them with caoutchouc. (*Wiener Med. Wochenschrift.*)

CHRONIC CONSTIPATION.—Dr. Bell (*ibid.*) recommends the following formula: Socotrine aloes, extract of hyoscyamus, of each twelve grains; disulphate of quinine, six grains; sulphate of iron, four grains. Make twelve pills. Of these he recommends one to be taken in the afternoon from four to six o'clock. (*British Medical Journal.*)

LANGENBECK ON GUNSHOT WOUNDS.—The *Allgem. Med. Centr. Zeit.* (London Lancet) quotes the following opinions of this eminent surgeon: "Knee-joint injuries should be treated on the principle of conservative surgery, although Larrey, Guthrie, Esmarch, Stromeyer, Andrews, and Woodward of America, do not think so. Out of eighteen injuries of the knee-joint in Bohemia fourteen recovered. Immediate amputation, or resection when the former operation is refused, is required when the articulation is shattered in several separate fragments, and the soft parts lacerated, or when the bleeding from the popliteal vein or artery is considerable. Other less destructive injuries should be treated on the expectant method. When the latter is to be used explorations with the probe or finger should not be made; palpation and the changed shape of the joint are quiet sufficient diagnostic signs. The proper way of treating such lesions is to keep the joint motionless, from the moment the injury has been received to perfect cure, by means of a plaster-of-paris appa-

ratus. Patients thus secured can travel on railroads, and the proper fenestræ in the apparatus should (having been indicated before) be cut when the patient reaches the hospital. Ice may be placed over the plaster bandage for the first three or four days, but afterward disinfecting compresses may be applied to the wounds, previously covered with oiled lint. Resections of the ankle-joint after gunshot fracture have turned out successfully in M. Langenbeck's hands, he lost only two patients out of eleven such resections. Amputation is only justified where the soft parts are considerably torn and contused, or where the main vessels have been injured. The resection may be postponed until suppuration has set in; but it should be performed immediately after the injury in those cases where formerly amputation was resorted to. The periosteum should be carefully preserved, and a fenestrated plaster-of-paris apparatus ought at once to be used."

DIGITALIS IN DELIRIUM TREMENS.—Dr. Alfred Wiltshire, of the West London Hospital, details (*ibid.*) five cases of delirium tremens successfully treated by half-ounce doses of the tincture of digitalis. He counsels that owing to the rottenness of the arteries which often exists in the aged, and to the powerful action of digitalis on the heart and blood-vessels, the remedy should not be given in large doses to this class of persons.

ON THE CAUSES OF FAILURE IN THE OPERATION FOR SQUINT.—On this subject Mr. Spencer Watson read a paper before the Medical Society of London (*ibid.*) based upon the analysis of one hundred and three cases of convergent and twenty-five cases of divergent squint. The causes of failure Mr. W. classified under the following heads: 1. The pathological conditions were misapprehended. It had been thought to be due to mechanical obstruction to the movement of the muscles, or to bands of fascia, but this was an error.

In two thirds of his cases hypermetropia was one of the conditions present; at the same time retinal changes had some influence in determining the permanent character of the squint.

2. The operation failed when improperly used. When there is eccentric fixation from any cause, an apparent squint is seen, and in such cases an operation gives rise to diplopia, and would not benefit unless the other eye was much impaired in its visual power; or again, squint may be apparent in cases in which one eye is very much larger than the other, from the presence of progressive myopia in one and a normal state of the other. The cornea of the smaller eye appears nearer the inner canthus than that of the larger eye—an appearance that may mislead. 3. The tendon may be missed or divided too far from its sclerotic insertion. 4. The after-treatment may be improper, or the patient may object to a second operation, or to necessary glasses, etc. Mr. Watson held that the operation should be avoided or deferred in periodic squint, apparent squint, and squint in very young children who can not wear glasses, and in brain cases. He further urged the use of the strabismometer, invented by the late Mr. Zachariah Laurence.

QUININE HYPODERMICALLY IN AGUE.—G. Goddard Rogers, M. D., of London, reports (*ibid.*) six cases of ague treated by this method with only one failure. Dr. G. used a neutral sulphate of quinine which was perfectly soluble in distilled water alone. Thirty minims represented one grain, which was the amount used for each injection. In two of the cases reported a single grain was sufficient to cure the ague. The solution made with the neutral salt is unirritating. While Dr. G. does not believe that the hypodermic treatment will supersede the administration of arsenic and other medicines, he regards the injection of quinia, used early in uncomplicated ague, as being invaluable; but says it will often fail in chronic cases where hepatic or splenic complication exists.

NITROUS OXIDE GAS IN SURGICAL OPERATIONS.—Mr. W. H. Davis, of Staffordshire, reports (*ibid.*) two operations successfully performed under the influence of the gas. One was for anal fistula, the other amputation of a finger. The anæsthesia was complete, and not followed by sick stomach or deranged digestion. He mentions, however, that there was a good deal of muscular spasm in one of the cases, and thinks therefore that the gas is not adapted to operations where muscular relaxation is desired.

TINCTURE OF ARNICA IN PNEUMONIA AND HEMOPTYSIS.—Mr. C. C. Balding strongly advocates (*ibid.*) the use of tincture of arnica in these affections. He bases his advocacy upon a long and large experience of the beneficial results of this treatment. He gives ten minims once in three or four hours, or at longer intervals, according to the severity and stage of the disorder. He asserts that the effects will be unmistakable within forty-eight hours; one of the most remarkable of these is a marked reduction in the frequency of the pulse.

[As the dose of tincture of arnica—a medicine which is very rarely used internally, and probably is utterly useless save as an equivalent of alcohol as an external application—is from thirty to ninety minims, we look with some skepticism upon the extraordinary value which Mr. Balding attaches to it in pneumonia and in non-tuberculous hemoptysis, but certainly in such doses as he advises no harm can be done even if no good results.]

AN OPERATION FOR THE CURE OF OBSTRUCTIVE DYSMENORRHOEA.—Prof. T. G. Thomas (Medical and Surgical Reporter), in a case of this affection, the obstruction being at the external os which barely admitted a fine probe, removed with a bistoury a small ring of cervical tissue from about the os. He speaks of the operation as devoid of danger.

A PRESCRIPTION FOR EPILEPSY.—Dr. Brown Sequard is in the habit of using the following prescription:

R. Potass. iodidi, . . . ʒj;  
 Potass. bromidi, . . . ʒj;  
 Ammon. bromidi, . . . ʒiiss;  
 Potass. bicarb., . . . ʒij;  
 Inf. columbæ, . . . f. ʒvi. M. Sig.

A tea-spoonful before each meal and three tea-spoonfuls at bed-time, with a little water. The medicine should be pushed until anæsthesia of the fauces is produced, and an acne-like eruption appears on the neck, face, shoulders, etc. Continue treatment for sixteen months after the convulsions have ceased, an occasional purgative being given.

ANÆSTHETICS.—Dr. Charles A. Lee (Buffalo Medical and Surgical Journal) takes the ground that anæsthetics should be given simply to the extent of annulling sensation, not of destroying volition, and that when consciousness is abolished the life of the subject is in imminent peril. He believes that all the fatal cases from chloroform might have been prevented by observing the above rule; "for it is demonstrated that death can not happen where the article is slowly and cautiously administered, and great precaution observed." Dr. Lee in his own practice uses a mixture of equal parts of chloroform and ether.

ALBUMINURIC RETINITIS.—Dr. Argyll Robertson, on this subject, read (Edinburgh Medical Journal) a paper before the Edinburgh Medico-Chirurgical Society. He states this to be a fatty degeneration consequent upon inflammatory exudation; it was a late and not an early symptom of albuminuria. The amaurosis of pregnant women might depend on simple retinitis, on atrophy, or on anæmia of the optic nerve; or it might be associated with albuminuria, and then its chief importance is in reference to prognosis. According to Dr. Grainger

Stewart this form of retinitis is generally found associated with contracting kidney, rarely with waxy degeneration. Professor Bennett spoke of the important part which fatty degeneration played in pregnant and parturient women, the mode in which hypertrophied uterine tissue was removed, and also that by which the mammary secretion was prepared and elaborated. It was not surprising that interference with excretory functions should lead to fatty transformations of tissue.

INTRACRANIAL ABSCESS CURED BY TREPHINING.—Professor N. R. Smith narrates (Baltimore Medical Journal) a case of this kind. The subject had received, twenty years before, an injury upon the left parietal bone from a sharp stone. Inflammation of the pericranium followed, resulting in suppuration and detachment; then necrosis and discharge of a small sequestrum, involving both tables. A permanent fistulous opening remained. His general health remained good; occasional vertigo and pain in the head, especially when the discharge was impeded. Upon introducing a probe it passed fully two inches and a half before reaching the membrane of the brain, and an abscess was traced out almost coëxtensive with the parietal bone. The bone was thickened and of ivory hardness. A trephine seven eighths of an inch was used; on the removal of the button three ounces of fetid pus escaped. No cerebral disturbance or other morbid phenomenon occurred. The dura-mater gradually rose to its normal place, and the cavity became obliterated. A year after the patient remained quite well.

RULES IN OPERATING ON THE TONGUE.—Dr. Gurdon Buck gives the following directions (Medical Record) to be observed in operating for hypertrophy of this organ: A strong ligature traversing the tongue far back controls it and prevents retraction. Patient's head, resting against assistant's breast, is

fixed by a hand on each side, and the forefingers retracting the angles of the mouth. Two other assistants, one on each side, draw the tongue forward by the ligature. The operator grasps the tongue laterally with the vulsellum, thus diminishing its breadth and increasing its thickness. He then with a long-bladed straight knife transfixes it far back within the mouth, midway between its upper and lower surfaces, and cutting forward and downward forms the inferior flap. The superior flap is formed in the reverse direction. Applying the middle of the edge of the knife to the upper surface of the tongue, opposite to the end of the flap just formed, so that they shall be of equal length, he cuts backward and downward, and terminates this section where the first began. The tongue during the action of the knife being compressed laterally, the extremities of the flaps will be rounded and will correspond to each other. The tongue being under perfect control by means of the ligature traversing it, the bleeding arteries may be secured with almost the same facility as after the amputation of a limb. The flaps are to be approximated and secured with sutures in the usual manner. An important advantage of this method is that the frænum linguæ, not being involved in the section of the tongue, continues to perform its office undisturbed.

DIGITALIS LEAVES IN ORCHITIS.—Dr. Besnier advises a concentrated infusion of the above leaves applied to the scrotum in orchitis and hydrocele. Dr. Given recommends elsewhere in this journal a somewhat similar treatment of orchitis.



## Notes and Queries.

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THE PHYSICIANS OF KENTUCKY TO THE MEMBERS OF THE STATE GENERAL ASSEMBLY.—Dr. John Stackhouse, of Owen County, Ky., made, in the October number of this journal, certain suggestions concerning measures which he believed were desired by the profession throughout the state. As one of the results of these suggestions the following action, which embodies the views of Dr. S., was recently taken by the Medical Society of Boyle County:

"DANVILLE, KY., December, 1870.

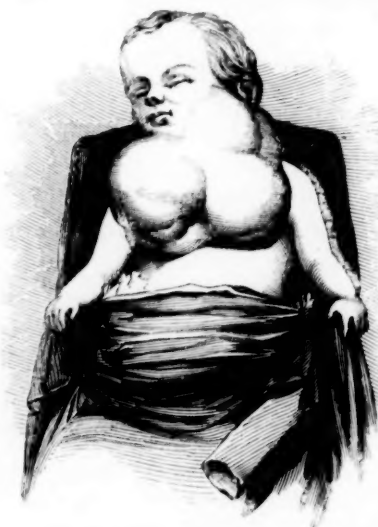
"At a regular meeting of the Boyle County Medical Society a committee was appointed to coöperate with the other physicians throughout the state in urging the representatives to the legislature and senate to use their influence in effecting the passage of the following bills at the next session of the legislature: 1. The passage of the registration bill; 2. The passage of a law making counties liable to the physicians for attendance on the county poor; 3. The passage of a law preventing druggists and all other persons without license or diploma from prescribing or practicing as physicians; 4. The repeal of the present penalties attached to obtaining subjects for dissection.

GEO. F. ERWIN, M. D.

*Secretary Boyle County Medical Society."*

In order to do our part toward the work inaugurated by Dr. Stackhouse, and seconded by the physicians of Boyle County, we send a copy of the present number of our journal to each member of the General Assembly. We beg to add that we believe it to be the almost unanimous wish of the profession throughout the state that the measures here recommended be adopted by the Assembly.—D. W. Y.

A TUMOR.—The accompanying wood-cut\* represents a congenital tumor, osteo-sarcoma probably, which we had the



opportunity of seeing at Lebanon, Ind., a short time since. The tumor is attached to the anterior half of the lower jaw; it is somewhat irregular in shape, uneven in surface, and unequal in its consistence. At birth the tumor was about the size of a tumbler; it is now—the child is three years old and healthy—twenty inches in circumference and measures upon one side nine inches, upon the other seven. It

is not sensitive, and in the child's plays is frequently bruised; superficial ulceration following, but no suffering results.—T. P.

QUININE IN MALARIAL FEVERS.—Dr. Littell, of Philadelphia, in a letter to one of the editors, makes the following observations in response to a request to give his views as to the action of quinine in the treatment of this class of fevers: "I do not know that I have anything to say respecting the action of quinia, etc., in the so-called malarial fevers that is not apparent to every one. It certainly eliminates no poison; but, as I have elsewhere said, is simply tonic, or restorative of nervous energy, whether given in large doses as an anti-

\* We are indebted to Dr. Martin, formerly of Lebanon, now of Red Oak Junction, Iowa, for the photograph from which this cut is made. From Dr. M., who was the accoucheur at the birth of the child, we expected a detailed description of the morbid growth, but have failed to receive it.

periodic, thereby anticipating congestion and exalting cerebral power, or exhibited more frequently and in smaller quantity with a view to its less sensible and more permanent effect. Opium and other remedies, even mental impressions, act in the same manner—temporarily elevating nervous power, and sustaining it through the period of depression until the energy of the brain is restored to its normal condition. My general treatment of intermittent fever is to anticipate congestion and prevent the chill by a sudorific mixture, containing opium, given about two hours before the expected paroxysm, and during the interval to endeavor to restore nervous energy. Quinia supplies a convenient and effective means for the accomplishment of this purpose, but the same result may be obtained by almost any tonic. In former times I was wont to use, when it was an object to avoid expense, a decoction of angustara bark. The *modus operandi* is the same in other diseases supposed to be caused or modified by malaria, but which in reality arise from the too rapid abstraction of vital heat or animal electricity. The individual having been subjected to such influences has, in common language, "taken cold," and either from predisposition or a less exhausted state of vitality the congestion is directed to other parts than the portal circle, and not unfrequently terminates in pleurisy, pneumonia, diarrhea, dysentery, rheumatism, etc. All these matters you will find in more detail in my paper, published in the *Transactions of the American Medical Association*. Every year confirms my belief in the soundness of the views there set forth, and I live in the confident hope that they will hereafter receive more attention than is accorded to them now."

AN ANOMALOUS CASE.—Dr. G. A. Embry, Oaktown, Ind., reports an anomalous case of fatal disease occurring in his practice, regarded by himself and Dr. Freeland, the consulting physician, as hydrophobia, arising from the bite of a rat

through the left index finger twelve months before the attack. The patient, forty-three years of age, married, mother of six children, full habit, ruddy, and having enjoyed excellent health, was attacked with severe pain over the left eye and slight sore throat. Quinine and morphia and hot fomentations were prescribed. Next day, throat worse, but upon examination found it only slightly inflamed; patient showing great nervous irritability. Calomel and opium internally, and a solution of nitrate of silver locally. The patient rapidly grew worse; pulse second day 90, became 130; she was spitting a tough, stringy mucus; the sound or sight of liquids she said frightened her; on attempting to swallow water—her thirst was great—a few drops would cause her to strangle; very great nervous irritability; she shrunk from a touch; the motion of a fan or the air from the opened door would cause suffering and restlessness; convulsive movements of chest and shoulders; the tongue tremulous, and covered with a white, leathery coat. For some hours before her death, which occurred five days from the commencement of illness, she was speechless though conscious; she was also then without suffering. The patient, in addition to the treatment previously mentioned, had chloroform by inhalation, hyoscyamus by the mouth, and rectal injections of morphia.

A CASE OF UTERINE HEMORRHAGE.—Dr. W. S. Hunt, of Ballard County, Kentucky, reports a case of severe *uterine hemorrhage* occurring in a patient four years old. Upon being called to see the girl he found her clothes saturated with blood, and a considerable issue of blood from the vulva. The hemorrhage was arrested by the tampon and the external application of cold. Dr. Hunt is inclined to attribute the hemorrhage to a fall which the child received seven or eight days previous, and which caused severe suffering referred to the hypogastric region. We should be glad had the Doctor stated the condition of the pelvis and of the mam-

mary glands; it is barely possible that the discharge was an evidence of precocious menstruation, hastened possibly by the fall. Some years ago we met with an instance of menstruation at three years and a half, and the discharge was quite free.—T. P.

ENLARGED TONSILS.—Dr. McKay, Germantown, Tenn., reports a case of enlarged tonsils in a girl eleven years old, attended with fetor and accumulation of viscid secretions, causing nausea, successfully treated thus: A gargle of two grains of permanganate of potash, the application of the muriated tincture of iron, and the internal administration of "strong lemonade."

QUININE AS A PARTUS ACCELERATOR.—Dr. A. Russwurm, of Independence, Miss., a physician of great experience, and with abundant opportunities, from living in a miasmatic region, of observing the effects of quinine on pregnant women, remarks: "I have prescribed quinine in every stage of gestation, and have never known it to originate uterine pains in a single instance. . . . In those cases of irregular uterine contractions at the full period of gestation, quinine by equalizing nervous action and capillary circulation may produce a normal action of the womb, but this is not originating uterine action. From the known power this agent has of producing a sedative effect upon the nervous system, and its equalizing the circulation, we often *prescribe it to allay* uterine contraction." The Doctor then narrates a case as follows: "Mrs. J., age twenty-four years, seven months advanced in second pregnancy, had a severe chill September 1st. Saw her twelve hours after; high fever, pulse 120; headache, pain in back, severe uterine pains every ten minutes. Prescribed twenty grains of quinine and half a grain of morphia, in two doses, at two hours' interval; six hours after, bowels to be moved with blue mass. On second day pulse 60, skin

soft, bowels moved, no pain. Directed quinine, two grains, every four hours for twenty-four. I could mention many similar cases. I have just dismissed a case of continued fever of some thirty days' duration, the patient in the sixth month of pregnancy; in this case I administered quinine in small doses throughout the disease, and with no injurious effect. Quinine should not be classed with ergot."

TO THE MEMBERS OF THE KENTUCKY STATE MEDICAL SOCIETY. — The Executive Committee of the Ohio State Medical Society addresses itself as follows to the physicians of Ohio: "The Ohio State Medical Society will hold its next annual meeting in Cincinnati, April 4, 1871. At the meeting in Cleveland for 1870 the Executive Committee was authorized to determine the time of meeting for 1871 to accommodate the time of meeting of the Kentucky State Medical Society, which convenes at Covington; and as the Kentucky Society had already adjourned to meet Tuesday, April 4th, the committee of the Ohio Society has decided to accept that time. As the two state societies will thus meet simultaneously at points so convenient for intermingling, it is hoped and believed that the meetings for 1871 will prove the most interesting that have ever been held."

Undoubtedly the joint Executive Committees will mature their arrangements so that opportunity will be afforded for a full and pleasant interchange of courtesies by the two societies. And now we say to our brethren in Kentucky, come one, come all. Let us have a rousing meeting at Covington. Come with papers, reports, histories, sketches, if you have them; but, in any event, come and give your brethren across the river a cordial shake of the hand. The meeting is sure to be one of great social interest, and may be rendered eminently profitable. It will do good in many ways. —D. W. Y.